CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

Date Signed <u>03/31/2015</u>

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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> E-Filed 03/31/2015 14:21:48

Filing ID: 154855405

Please type or print in ink.	154855405
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Gabel-Luddy, Emily	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	,
CITY OF BURBANK	
Division, Board, Department, District, if applicable	Your Position
City Council Office	Council Member
▶ If filing for multiple positions, list below or on an attachment. (Do no	t use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
·	
X City ofBurbank	Other
3. Type of Statement (Check at least one box)	
X Annual: The period covered is January 1, 2014, through December 31, 2014 -or-	Leaving Office: Date Left/
The period covered is/, through December 31, 2014	 The period covered is January 1, 2014, through the date of leaving office.
Assuming Office: Date assumed	The period covered is, through the date of leaving office.
	, if different than Part 1:
4. Schedule Summary	
Check applicable schedules or "None."	► Total number of pages including this cover page:9
	X Schedule C - Income, Loans, & Business Positions − schedule attached X Schedule D - Income − Gifts − schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-	Es deficació a materia aymente deficació attached
<u> </u>	interests on any schedule
herein and in any attached schedules is true and complete. I ackn	
I certify under penalty of perjury under the laws of the State of	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Gabel-Luddy, Emily	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
IP	DuPont
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Paper	Manufaciting
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED .	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
JP Morgan Chase	Amgen
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Finance	Medical
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	☐ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT .
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
○ Income Received of \$500 or More (Report on Schedule C)	The received of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Gilead	Sun Life
GENERAL DESCRIPTION OF THIS BUSINESS .	GENERAL DESCRIPTION OF THIS BUSINESS
Medical	Finance
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	☐ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
MATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , , , , , , , , , , , , , , , , , ,	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
·	
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CO	MMISSION
Name	·
Gabel-Luddy, Emily	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Allete	Sempra
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Utilities	Utilities
. FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other(Oescribe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
3M	First Energy
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturing	Utilities
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GE	Home Depot
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturing .	Building Products
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \(\overline{x} \) \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	_10 / 14 / 14//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	
FAIR POLITICAL PRACTICES CO	MMISSION
Name	
Gabel-Luddy, Emily	-

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pepsico	Antelope Valley
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Products	Gov't
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (Describe)	Stock X Other Bond (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
10 / 14 / 14	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Buena Park Commpa	Calif. Public Bldgs.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Gov't	Gov't
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other Bond	NATURE OF INVESTMENT Stock Other Bond
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O miconie Received of \$500 of Wildle (Report of Scriedule C)	Uniconie Received of \$500 of wide (Report of Scriedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	, logolites significant signif
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BOSINESS	GENERAL DESCRIPTION OF THIS BOSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
_	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
,	1
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Name	
Gabel-Luddy, Emily	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Emily J. Gabel-Luddy, FASLA Name 440 W. Elm Ave.	Name
Burbank, CA 91506	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consultant	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\ \sum \ \\$0 - \\$1,999	\$0 - \$1,999 \$2,000 - \$10,000 —//
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship	Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
X \$0 - \$499	\$0 - \$499 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
U \$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
□ \$1,001 - \$10,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
X None or Names listed below	None or Names listed below
<u> </u>	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
	Check one box:
Check one box:	
INVESTMENT	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAID MADIZET VALUE IE ADOLIOADIE LIOT DATE	FAID MADIVET VALUE US ADDITIONS LIST DATE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000/
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
ALATUDE OF INTERFOT	L NATURE OF WITCHEST
NATURE OF INTEREST Property Oursership/Deed of Trust Stock Partnership	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	FPPC Form 700 (2014/2015) Sch. A-2

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gabel-Luddy, Emily

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Univ. of Southern California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Univ. Park Campus Los Angeles, CA 90089	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Lecturer	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
■ \$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other Committee Member Masters' Theses	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
retail installment or credit card transaction, made in th	lending institutions, or any indebtedness created as part of a ne lender's regular course of business on terms available to netatus. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	OFCURITY FOR LOAD
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
·	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Consenter.
\$10,001 - \$100,000	Guarantor ————————————————————————————————————
OVER \$100,000	Other
	(Describe)

SCHEDULE D Income – Gifts

CALIFORNIA FORM	7	0	0
FAIR POLITICAL PRACTICES CO	MMIS	1012	ı

Name

Gabel-Luddy, Emily

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Fiesta Charity Spectacular	Meizho Dongho Group
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
480 Riverside Dr. Burbank, CA 91506	No.4, Jiangtaiwa Chaoyang District Beijing, China, HE 100000
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charity Horse Show	Food processing/service
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
,	
VIP on Arena Flr 05 / 03 / 14 \$ 100.00 seat	
	\$
\$	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
New Omni Bank	DaDong Peking Duck Restaurant
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1235 S. Garfield Ave.	1-2 Nanxinchang Guojidasha 22-A Dongsishitido DongeChe
Alhambra, CA 91801	Beijing, China, HE 100000
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance	· ·
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
06 / 02 / 14 \$ 50.00 Fairwell Dinner	05 / 26 / 14 \$ 152.00 Dinner
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Armenian National Committee of America- Western Region	· ·
ADDRESS (Business Address Acceptable) 104 N. Belmont St. Ste. 200 Glendale, CA 91206	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Recognition Banquet	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 / 02 / 14 \$ 250.00 Dinner	
<u> </u>	\$
Comments:	
···	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gabel-Luddy, Emily

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym) Chinese Peoples Assoc Friendship with Foreign Countries	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
No. 1, Taijichang St. Dongcheng District	
CITY AND STATE	CITY AND STATE
Beijing, China, HE 100740	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chinese government, Gov't Affairs Org.	
DATE(S): 05 / 25 / 14 - 06 / 03 / 14 AMT: \$ 5,650.00	DATE(S): AMT: \$
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income	TYPE OF PAYMENT: (must check one)
X Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
X Other - Provide Description See Attached.	Other - Provide Description
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
 	
	l e e e e e e e e e e e e e e e e e e e
Other - Provide Description	Other - Provide Description

Chinese Peoples Assoc. - Friendship with Foreign Countries

Type of Payment: Other (CONTINUATION)

participated in meetings with local, regional and national government officials. Compared transit, air quality, water quality and economic development.